SWIMMING POOL WHIRL (Use a separate form for each pool.)					WHIRLP	POOL OTHER									_	NAME OF FACILITY:						
(Use	a sepa	rate forr	n tor ea	ach poo	l.)					LICENSE	ID#						_	MONTI	H/YEAR:			
Instructions: All information must be filled in daily and signed by the person in charge. Patron Loading: Columns must show the maximum number of patrons using the pool at any one time and the total number of patrons for the entire day.					ol at	Filter Backwash: Place a "B" in the column for any day the filter is backwashed. Cartridge Fliter Cleaned/Changed: Place a "C" in the column for any day the cartridge filter is cleaned or changed.										Chemical Control: Enter pH and chlorine/bromine test readings. Test swimming pools at least twice daily and whirlpools at least four times daily. Enter the amount of each chemical used as lbs. or gals.						
		earance	Place	an X in	the clea	r or	Whirlp	ool Drained	l: Place a	"D" in the	column fo	r any day	the whirlp	ool is drair	ned.					aily by the pe	erson respo	nsible for the operation of
turbic	turbid column.				Ф	ng	<u>@ 5</u>	CHEMICAL CONTROL							ROL	the pool.						
Day Patron of Loading Mo.			Water Appearance		Water Temperature	Pressure Gauge Reading	Flowmeter Reading	Filter Backwashed (B) Cartridge Change/CI (C) Whirlpool Drained (D)	Free Chlorine Bromine Reading		M pH Reading		Free Chlorine/ Bromine Reading		M pH Reading		Combined Chlorine	Alkalinity	Other Chemicals Used (Acid, Soda ash, Oxidizer, Bicarb, etc.)		Super Oxidation	Signature of Person Responsible for Pool Operation
-	Мах.	Total	Clear	Turbid	>	PSI	GPM	문 O	1	2	1	2	3	4	3	4	PPM	PPM	Name	Quantity	PPM	ω ~
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WAUKESHA COUNTY Environmental Health Division 1320 Pewaukee Road, Room 260 Waukesha WI 53188

MONTHLY REPORT ON SWIMMING POOL OPERATION

Phone: (262) 896-8300 Fax: (262) 896-8298

Chapter HSS 172 of the Wisconsin Administrative Code requires that Monthly Reports on the operation of swimming pools be submitted to the Department. The pool operator or person in charge shall fill in the data indicated on the report as completely as possible.

SEND REPORTS TO: Waukesha County

Environmental Health Division 1320 Pewaukee Road, Room 260

Waukesha WI 53188

Name of Pool	Address	Oper	rator								
1) The following items should be checked regularly to assure that they are being properly maintained: (Place an X if equipment is on hand and properly maintained.)											
First Aid Kit (24 unit) DPD Test Kit	Two (2) Blankets Spine Board with	Straps									
Handrails or Grabrails Shepherd's Crook or Ring	Buoy Depth Markings	Safety Line	Lifeguard Chair								
2) PLEASE NOTE ANY CHANGE IN EQUIPMENT: (All equipment must be NSF approved or equivalent. If you have any questions regarding approved equipment, please call Waukesha County Environmental Health (262) 896-8300 before installation.											
Item	Manufacturer										
Model #	Installed by	Date	·								
3) Is there a new person responsible for pool maintenance?		4) Are Lifeguards on du	uty?								
Yes If so, please contact Waukesha County Environmenta	l Health (262) 896-8300.	Yes How	many?								
REMARKS: Please comment on any unusual occurrence(s) and a	ctions to correct conditions and chemical levels that do	not comply with code rec	quirements:								
Signature	Title		Date								